Middle-Preserving Pancreatectomy for Multifocal Metastatic Renal Cell Carcinoma Located in the Head, Body and Tail of the Pancreas. A Case Report

Hiroki Ohzato, Tameyoshi Yamamoto, Mutsumi Fukunaga, Hiroshi Imamura, Hiroshi Furukawa

Department of Surgery, Sakai Municipal Hospital. Sakai, Osaka, Japan

ABSTRACT

Context Postoperative endocrine and exocrine insufficiencies following traditional pancreatectomies might cause a deterioration of the quality of life and surgical outcome. Parenchyma-sparing pancreatectomies have been applied to benign lesions and low-grade malignancies. Case report A 67-year-old female with a past history of right nephrectomy for renal cell carcinoma 20 years earlier was referred to our institute with obstructive jaundice and multiple nodules in the pancreas. Computed tomography demonstrated five well-demarcated, strongly enhanced nodules with diameters of 5.5 cm in the head, 2.0 and 1.8 cm in the body, and 1.2 and 1.0 cm in the tail. Fluorine-18 fluorodeoxyglucose positron emission tomography did not demonstrate any extrapancreatic uptake. Middle-preserving pancreatectomy was performed after confirming arterial perfusion in the middle segment with ultrasonography. Histological study demonstrated metastatic clear cell renal carcinoma. To date, the patient has remained without recurrence for two and a half years since surgery. Minimal administration of insulin has been necessary; however, c-peptide is detectable and nutritional status is comparatively good. Conclusion Middle-preserving pancreatectomy is a useful procedure for parenchyma-sparing pancreatectomy to resect multifocal lesions in the head, body and tail of the pancreas.